

Applicant or Patentee:	Medical College of Georgia Research Institute	Docket #:	MCOG-0002-1
Serial or Patent Number:	To be assigned	Examiner:	
Filed or Issued:	Concurrently herewith	Art Unit:	
For:	Combination Interproximal Dental Stripper		

**VERIFIED STATEMENT (DECLARATION) BY A UNIVERSITY
CLAIMING SMALL ENTITY STATUS UNDER 37 C.F.R. § 1.27**

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the University empowered to act on behalf of the concern identified below:

Name of Concern: **MCG Research Institute**

Address: **Office of Biomedical Technology Transfer, Room CJ-2211, Augusta, Georgia 30912**

I hereby declare that the above-identified University qualifies as a nonprofit organization as defined in 37 CFR 1.27, for purposes of paying reduced fees under section 41(h) of Title 35, United States Code.

I hereby declare that rights under contract or law have been conveyed to and remain with the University identified above with regard to the matter described in:

- ☐ The specification filed herewith, with the title as listed above.
☒ The patent application identified above.
☐ The PCT International patent application identified above.
☐ The patent number identified above.


If the rights held by the above identified University are not exclusive, each individual, concern or organization having rights to the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.27 if that person made the invention, or by any concern who would not qualify as a small business concern under 37 CFR 1.27, or a nonprofit organization under 37 CFR 1.27. Each person or organization having any rights in the invention is listed below:

- ☒ No such person, concern or organization.
☐ Each such person, concern or organization as listed below:

<small>FULL NAME</small>	<input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization
<small>ADDRESS</small>	

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which the verified statement is directed.

<small>NAME AND TITLE</small>	<small>DATE</small>
Betty Aldridge, Executive Director	September 17, 2003
<small>ADDRESS</small>	<small>SIGNATURE</small>
MCG Research Institute Office of Biomedical Technology Transfer Room CJ-2211 Augusta, Georgia 30912	

DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF ATTORNEY

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled: COMBINATION INTERPROXIMAL DENTAL STRIPPER.

the specification of which (check one):

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____, and was amended on _____ (if applicable).

☐ was filed on _____ as International Application (PCT) No. _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with *Title 37, Code of Federal Regulations, § 1.56(a)*. I hereby claim foreign priority benefits under *Title 35, United States Code § 119* of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which the priority is claimed.

PRIOR FOREIGN APPLICATION(S)

NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	PRIORITY CLAIMED
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under *Title 35, United States Code, § 120* of any United States application(s) or PCT international application(s) designating The United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of *Title 35, United States Code, § 112*, I acknowledge the duty to disclose material information as defined in *Title 37, Code of Federal Regulations, § 1.56(a)* which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (Patented, Pending or Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under *Section 1001 of Title 18 of the United States Code*, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


POWER OF ATTORNEY: I (We) hereby appoint as my (our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Ajay A. Jagtiani, Registration Number 35,205 and Mark J. Gutttag, Registration Number 33,057.

Send correspondence to:

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(703) 591-2664

☒ See following pages for additional joint inventors.

Full Name of First or Sole Inventor STOCKSTILL, John W.		Citizenship United States	
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City Evans		City Evans	
State or Country Georgia	Zip 30809	State or Country Georgia	Zip 30809
DATE 09-16-03		SIGNATURE 	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : TO BE ASSIGNED,
Applicant : STOCKSTILL, JOHN W.
Filed : CONCURRENTLY HEREWITH
Title : COMBINATION INTERPROXIMAL DENTAL STRIPPER

Art Unit : TO BE ASSIGNED
Examiner : TO BE ASSIGNED

Atty Docket No. : MCOG-0002-1

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

ASSOCIATE POWER OF ATTORNEY

Sir:

I hereby appoint Mark J. Guttag, Registration Number 33,057, Steven J. Prewitt, Registration Number 45,023, and Karlana D. Schwing, Registration Number 52,521 as my associate attorneys in the above-captioned application, with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent Office connected therewith.

However, please continue to address all future communications to the undersigned attorney at the following:

Ajay A. Jagtiani
JAGTIANI +GUTTAG
10363-A Democracy Lane
Fairfax, Virginia 22030

Respectfully submitted,



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September 17, 2003